



STATE OF TENNESSEE
BUREAU OF TENNCARE
DEPARTMENT OF FINANCE AND ADMINISTRATION
310 GREAT CIRCLE ROAD
NASHVILLE, TENNESSEE

This notice is being sent to summarize the upcoming PDL changes for the TennCare Pharmacy Program. We encourage you to read this notice thoroughly and share the information with other providers who may be affected by these changes.

PREFERRED DRUG LIST (PDL) CHANGES FOR TENNCARE EFFECTIVE 10/01/08

TennCare continually reviews all covered drug classes. Changes to the PDL may occur as new classes are reviewed and previously reviewed classes are revisited. Many of the changes to follow are a result of new contractual opportunities offered through our incoming pharmacy benefit vendor, SXC Health Solutions.

Many products will be added to the TennCare PDL, while some will be deleted. Additions to the PDL will go into effect October 1, 2008. Any product deletions from the PDL will be effective October 1, 2008 for new starts. Patients currently receiving a deleted product will be grandfathered for the time period listed below. Providers are encouraged to switch appropriate patients to a preferred agent at the earliest opportunity. Should a patient need to continue on a non-PDL agent, providers should seek a prior authorization in advance of the end of the grandfathering period. For patients with existing prior authorizations, the authorizations will remain active through the current PA expiration date. A revised listing of the PDL and clinical criteria will be posted on the TennCare website on September 15, 2008.

Below is a summary of the PDL changes that will be effective October 1, 2008. Please note that the following summary only lists drugs for which the PDL status will change effective October 1, 2008 – for drugs not listed, the PDL status will remain the same.

CARDIOVASCULAR AGENTS		
Lipotropics: Statins		
Product	Current PDL Status	PDL Status Effective 10/1/08
Lescol [®] QL	Preferred	Non-Preferred, grandfathered until 4/1/09
Lescol XL [®] QL	Preferred	Non-Preferred, grandfathered until 4/1/09
Lipotropics: Cholesterol Absorption Inhibitors		
Product	Current PDL Status	PDL Status Effective 10/1/08
Zetia [®] ST, QL	Non-Preferred	Preferred
Lipotropics: Omega-3 Fatty Acids		
Product	Current PDL Status	PDL Status Effective 10/1/08
Lovaza [®] ST	Non-Preferred	Preferred

GASTROINTESTINAL AGENTS		
Proton Pump Inhibitors		
Product	Current PDL Status	PDL Status Effective 10/1/08
Zegerid [®] ST, QL	Non-Preferred	Preferred
Prevacid [®] ST, QL	Preferred	Non-preferred, grandfathered until 1/1/09
Prilosec OTC [®] ST, QL	Preferred	Non-preferred, grandfathered until 1/1/09
5-ASA Derivatives Oral Preparations		
Product	Current PDL Status	PDL Status Effective 10/1/08
Lialda [®] QL	Non-Preferred	Preferred
Pancreatic Enzymes - 4,000 lipase/25,000 protease/20,000 amylase		
Product	Current PDL Status	PDL Status Effective 10/1/08
Ultrase [®] MS	Non-Preferred	Preferred
Pancreatic Enzymes - 5,000 lipase/18,750 protease/18,750 amylase		
Product	Current PDL Status	PDL Status Effective 10/1/08
Creon [®] 5	Non-Preferred	Preferred
Pancreatic Enzymes - 8,000 lipase/30,000 protease/30,000 amylase		
Product	Current PDL Status	PDL Status Effective 10/1/08
Viokase [®] 8	Non-Preferred	Preferred
Pancreatic Enzymes - 10,000 lipase/37,500 protease/33,200 amylase		
Product	Current PDL Status	PDL Status Effective 10/1/08
Creon [®] 10	Non-Preferred	Preferred
Pancreatic Enzymes - 12,000 lipase/39,000 protease/39,000 amylase		
Product	Current PDL Status	PDL Status Effective 10/1/08
Ultrase [®] MT 12	Non-Preferred	Preferred
Pancreatic Enzymes - 16,000 lipase/60,000 protease/60,000 amylase		
Product	Current PDL Status	PDL Status Effective 10/1/08
Viokase [®] 16	Non-Preferred	Preferred
Pancreatic Enzymes - 16,800 lipase/70,000 protease/70,000 amylase		
Product	Current PDL Status	PDL Status Effective 10/1/08
Viokase [®] powder	Non-Preferred	Preferred
Pancreatic Enzymes - 18,000 lipase/58,500 protease/58,500 amylase		
Product	Current PDL Status	PDL Status Effective 10/1/08
Ultrase [®] MT 18	Non-Preferred	Preferred
Pancreatic Enzymes - 20,000 lipase/65,000 protease/65,000 amylase		
Product	Current PDL Status	PDL Status Effective 10/1/08
Ultrase [®] MT 20	Non-Preferred	Preferred

CC = Subject to specific clinical criteria
ST = Subject to specific step therapy criteria
QL = Subject to quantity limits

Pancreatic Enzymes - 20,000 lipase/75,000 protease/66,400 amylase		
Product	Current PDL Status	PDL Status Effective 10/1/08
Creon [®] 20	Non-Preferred	Preferred

RESPIRATORY AGENTS		
Corticosteroids, Inhaled		
Product	Current PDL Status	PDL Status Effective 10/1/08
Asmanex [®] QL	Preferred	Non-preferred, grandfathered until 2/1/09
Corticosteroids, Intranasal		
Product	Current PDL Status	PDL Status Effective 10/1/08
Nasonex [®] QL	Preferred	Non-preferred, grandfathered until 2/1/09
fluticasone propionate	Non-Preferred	Preferred
Beta Agonists: Short-Acting MDI		
Product	Current PDL Status	PDL Status Effective 10/1/08
ProAir [®] HFA QL	Non-Preferred	Preferred

CENTRAL NERVOUS SYSTEM AGENTS		
Antipsychotics: Atypical		
Product	Current PDL Status	PDL Status Effective 10/1/08
Abilify [®] CC, QL	Non-Preferred	Preferred
Abilify Discmelt [®] CC, QL	Non-Preferred	Preferred
Antihyperkinesia Agents		
Product	Current PDL Status	PDL Status Effective 10/1/08
Vyvanse [®] QL	Non-Preferred	Preferred
Sedative Hypnotic Agents		
Product	Current PDL Status	PDL Status Effective 10/1/08
Lunesta [®] QL, CC*	Preferred	Preferred
Anti-Migraine: 5-HT₁ Receptor Agonists		
Product	Current PDL Status	PDL Status Effective 10/1/08
Imitrex [®] QL	Non-Preferred	Preferred
Imitrex Nasal [®] QL	Non-Preferred	Preferred

* Clinical criteria for Lunesta[®] is in development.

ANALGESICS		
Narcotics: Long-Acting		
Product	Current PDL Status	PDL Status Effective 10/1/08
methadone ^{CC, QL}	Preferred	Non-Preferred, grandfathered until 4/1/09
Oramorph SR [®] QL	Preferred	Non-Preferred, grandfathered until 4/1/09
Opana ER [®] QL	Non-Preferred	Preferred
Narcotics: Short-Acting		
Product	Current PDL Status	PDL Status Effective 10/1/08
Reprexain [®] QL	Non-Preferred	Preferred

CC = Subject to specific clinical criteria
ST = Subject to specific step therapy criteria
QL = Subject to quantity limits

ENDOCRINE AND METABOLIC AGENTS		
Growth Hormone Agents		
Product	Current PDL Status	PDL Status Effective 10/1/08
Saizen ^{® CC}	Preferred	Non-Preferred, grandfathered until 4/1/09
Nutropin ^{® CC}	Non-Preferred	Preferred
Nutropin AQ ^{® CC}	Non-Preferred	Preferred
Oral Contraceptives		
Product	Current PDL Status	PDL Status Effective 10/1/08
Loestrin 24 FE [®]	Non-Preferred	Preferred
YAZ [®]	Non-Preferred	Preferred

IMMUNOLOGIC AGENTS		
Immunomodulators		
Product	Current PDL Status	PDL Status Effective 10/1/08
Raptiva ^{® CC}	Non-Preferred	Preferred

OPHTHALMICS		
Ophthalmic Prostaglandin Agonist		
Product	Current PDL Status	PDL Status Effective 10/1/08
Xalatan ^{® QL}	Non-Preferred	Preferred
Ophthalmic Immunomodulators		
Product	Current PDL Status	PDL Status Effective 10/1/08
Restasis ^{® CC}	Non-Preferred	Preferred
Ophthalmic NSAIDs		
Product	Current PDL Status	PDL Status Effective 10/1/08
Nevanac ^{® ST}	Non-Preferred	Preferred
Ophthalmic Combinations for Glaucoma		
Product	Current PDL Status	PDL Status Effective 10/1/08
Combigan [®]	Non-Preferred	Preferred

RENAL AND GENITOURINARY		
Alpha Blockers for BPH		
Product	Current PDL Status	PDL Status Effective 10/1/08
Flomax ^{® QL}	Preferred	Non-Preferred, grandfathered until 3/1/09
Urinary Tract Antispasmodics		
Product	Current PDL Status	PDL Status Effective 10/1/08
Detrol LA ^{® QL}	Preferred	Non-Preferred, grandfathered until 3/1/09
Sanctura ^{® QL}	Non-Preferred	Preferred
Sanctura XR ^{® QL}	Non-Preferred	Preferred

DERMATOLOGICS		
Dermatologics: Topical Antifungal Agents		
Product	Current PDL Status	PDL Status Effective 10/1/08
Kuric [®]	Non-Preferred	Preferred
Dermatologics: Antipsoriatics		
Product	Current PDL Status	PDL Status Effective 10/1/08
Tazorac [®] ST	Non-Preferred	Preferred
Dermatologics: Topical Retinoids		
Product	Current PDL Status	PDL Status Effective 10/1/08
Tazorac [®] CC, ST	Non-Preferred	Preferred

DIABETIC SUPPLIES		
Diabetic Supplies: Blood Glucose Test Strips		
Product	Current PDL Status	PDL Status Effective 10/1/08
Bayer Healthcare		Preferred
Roche Diagnostics Products		Preferred
LifeScan Products		Non-Preferred, grandfathered until 1/1/09
Abbott Diabetes Care Products		Non-Preferred, grandfathered until 1/1/09
AgaMatrix Products		Non-Preferred, grandfathered until 1/1/09
Home Diagnostics Products		Non-Preferred, grandfathered until 1/1/09
All Other Brands		Non-Preferred, grandfathered until 1/1/09
Diabetic Supplies: Blood Glucose Meters		
Product	Current PDL Status	PDL Status Effective 10/1/08
Bayer Healthcare		Preferred
Roche Diagnostics Products		Preferred
LifeScan Products		Non-Preferred, grandfathered until 1/1/09
Abbott Diabetes Care Products		Non-Preferred, grandfathered until 1/1/09
AgaMatrix Products		Non-Preferred, grandfathered until 1/1/09
Home Diagnostics Products		Non-Preferred grandfathered until 1/1/09
All Other Brands		Non-Preferred, grandfathered until 1/1/09

NOTE:

All of the aforementioned changes, whether preferred or non-preferred, may have additional criteria which control their usage. Any clinical criteria associated with an agent are noted with a superscripted "CC," any step therapy criteria associated with an agent are noted with a superscripted "ST," and any quantity limits associated with an agent are noted with a superscripted "QL."